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PTO/SB/31 (02-01)

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**NOTICE OF APPEAL FROM THE EXAMINER TO THE
BOARD OF PATENT APPEALS AND INTERFERENCES**

Docket Number (Optional)
RPP:156C US

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Commissioner for Patents, Washington, D.C. 20231"
on August 22, 2002.

Signature _____

Typed or printed
Name Michael L. Dunn.

In re Application of
Yasmin Thanavala

Application Number
09/464,414

Filed
12/16/1999

For
Oral Immunology Using Plant Product Containing A
Non-Enteric Pathogen Antigen

Group Art Unit
1651

Examiner
M. Flood

Applicant hereby **appeals** to the Board of Patent Appeals and Interferences from the last decision of the
examiner.

The fee for this Notice of Appeal is (37 CFR 1.17(b))

\$320.00

☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee
shown above is reduced by half, and the resulting fee is:

\$160.00

☒ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO02038 is attached.

☐ The Commissioner has already been authorized to charge fees in this application to a
Deposit Account. I have enclosed a duplicate copy of this sheet.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or
credit any overpayment, to Deposit Account No. 04-1790. I have enclosed a
duplicate copy of this sheet.

☐ A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.

**WARNING: Information on this form may become public. Credit card information should not
be included on this form. Provide credit card information and authorization on PTO-2038.**

I am the

☐ applicant/inventor

☐ assignee of record of the entire interest. See 37 CFR
3.71. Statement under 37 CFR 3.73(b) is enclosed.
(Form PTO/SB/96)

☒ attorney or agent of record.

☐ attorney or agent acting under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a). _____

Signature

Michael L. Dunn
Typed or printed name

Aug 22, 2002
Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit
multiple forms if more than one signature is required, see below*.

☐ *Total of 1 forms are submitted.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the
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